

POSITION	ID NO.	DATE
CLASSIFIER	20	12/20
EXAMINER	18	1-29
TYPIST	15	1-32
VERIFIER	10/20	1/23/95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
1	10/20
1	1-29
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SYMBOLS

- ✓ Selected
- Allocated
- (Through number) Connected
- Restricted
- Non-elected
- ↔ Interference
- ↑ Appeal
- ↓ Disjected
- 0

Claim	Date
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